

CLAIMS ONLY						Application Number <i>101644045</i>	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1							
2								
3								
4								
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49								
50								
Total Indep	2	1						
Total Depend	16							
Total Claims	18							

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						